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BROWN, PAMELA vs. STANDARD INSURANCE
COMPANY

10/28/2016

Cause: 201657600

CDI: 7

Court: 133

DOCUMENTS

Number	Document	Post Jdgm	Date	Pgs
72217357	Domestic Return Receipt		10/06/2016	1
72149148	Certified Mail Receipt		09/29/2016	1
72072252	Letter to Clerk - Payment of Citation Fee		09/27/2016	1
72132162	CERTIFIED MAIL TRACKING NUMBER 7015 3430 0000 0851 3136		09/27/2016	2
71664205	PLAINTIFF'S ORIGINAL PETITION		08/29/2016	3
71664206	CITATION TO STANDARD INSURANCE COMPANY		08/29/2016	1
71664207	Civil Process Request		08/29/2016	1

CAUSE NO. _____

**Pamela Brown,
 Plaintiff**

v.

**Standard Insurance Company,
 Defendant**

§ IN THE DISTRICT COURT
 §
 §
 § OF HARRIS COUNTY, TEXAS
 §
 §
 § _____ JUDICIAL DISTRICT

PLAINTIFF'S ORIGINAL PETITION

Plaintiff Pamela Brown alleges as follows:

Discovery Control Plan

1. Plaintiff intends to conduct discovery under Level 2 of the Texas Rules of Civil Procedure, Rule 190.

Parties

2. Plaintiff is a resident and citizen of Harris County, Texas.
3. Defendant is an insurer engaged in the business of insurance in Texas and can be served by serving its Registered Agent for Service of Process as follows:

CT Corporation System
 1999 Bryan Street, Suite 900
 Dallas, Texas 75201

The Nature of this suit.

4. This suit is brought to recover damages for breach of an agreement to pay disability benefits pursuant to a policy of insurance (“the Policy”) and for damages. The Policy, identified as Group Policy Number 645870 (“the contract”) was issued to Plaintiff’s employer, Spring Branch Independent School District by Defendant.

Plaintiff’s Allegations

5. All conditions precedent to bringing this suit have been performed or have occurred. Any notice required by the Policy has been made or has been waived by Defendant.

6. Plaintiff is a beneficiary of the Policy.

7. Plaintiff is disabled, as defined by the Policy, due to a chronic orthopedic condition.

8. Defendant has received all of the items, statements, and forms which it reasonably needed to process Plaintiff's application.

Cause of Action

9. Defendant repudiated the contract by refusing to perform its obligations thereunder without just excuse. Its reasons for terminating Plaintiff's benefits are not reasonable and do not amount to a bona fide dispute of coverage but rather a fixed intention to refuse to perform the contract without just cause.

10. Alternatively Defendant breached its contractual obligations under the Policy by unjustly terminating the benefits and by failing to pay and refusing to pay benefits due to Plaintiff pursuant to the terms of the Policy.

11. As Plaintiff's insurer Defendant had a common law duty to deal fairly and in good faith with her in the processing of her claim. Defendant breached its duty by refusing to properly investigate her claim; it knew or should have known that there was no reasonable basis for terminating, denying or delaying the benefits due under the Policy. As a result Plaintiff has suffered exemplary damages.

12. Defendant delayed payment of Plaintiff's claim for a period exceeding that stated in Tex. Ins. Code § 542.058 (a). She asserts her cause of action pursuant to Tex. Ins. Code §§ 542.058 and 542.060 for statutory damages and associated fees for delay in payment of her claim.

13. Because of Defendant's actions Plaintiff was obliged to engage an attorney to assist her; she therefore claims attorney fees pursuant to Texas Civil Practices and Remedies Code Section 38 and Texas Insurance Code Section 542 and any other provision of Texas law.¹⁴

15. Plaintiff claims pre-judgment and post-judgment interest and costs.

Wherefore, Premises Considered, Plaintiff requests that she have judgment against Defendant for damages, statutory damages, pre-judgment interest, post-judgment interest, attorney fees, costs, and all other relief to which she may be entitled.

s/s William C. Herren
William C. Herren
SBN 09529500
6363 Woodway, Suite 825
Houston, Texas 77057
(713) 682-8194
(713) 682-8197 Fax
billh@herrenlaw.com
August 25, 2016

THE STATE OF TEXAS

COUNTY OF HARRIS

To: Standard Insurance Company, Defendant, through its Registered Agent, CT Corporation System, 1999 Bryan Street, Suite 900, Dallas, Texas 75201.

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

**Court: Harris County District Court, _____ Judicial District
201 Caroline Street
Houston, Texas 77002.**

**Clerk: Harris County District Courts Clerk
201 Caroline Street
Houston, Texas 77002**

The petition was filed on the _____ day of _____, 2016. The case or file number is _____. The citation was issued on the _____ day of _____, 2016. The plaintiff is Pamela Brown. The defendant is Standard Insurance Company. The attorney for the plaintiff is as follows:

**William C. Herren
6363 Woodway, Suite 825
Houston, Texas 77057
(713) 682-8194**

Issued and given under my hand and seal of said Court of Harris County, Texas, this the _____ day of _____, 2016

**Clerk of the District Court
Harris County, Texas**

By _____, Deputy

CIVIL PROCESS REQUEST

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING
FOR WRITS FURNISH TWO (2) COPIES OF THE PLEADING PER PARTY TO BE SERVED

CASE NUMBER: _____ CURRENT COURT: _____

TYPE OF INSTRUMENT TO BE SERVED (See Reverse For Types): Original Petition

FILE DATE OF MOTION: _____
Month/ Day/ Year

SERVICE TO BE ISSUED ON (Please List Exactly As The Name Appears In The Pleading To Be Served):

1. NAME: Standard Insurance Company

ADDRESS: _____

AGENT, (if applicable): CT Corporation System; 1999 Bryan St., #900; Dallas, TX 75201

TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): Citation

SERVICE BY (check one):

☐ ATTORNEY PICK-UP ☐ CONSTABLE

☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____

☐ MAIL ☒ CERTIFIED MAIL

☐ PUBLICATION:

Type of Publication: ☐ COURTHOUSE DOOR, or

☐ NEWSPAPER OF YOUR CHOICE: _____

☐ OTHER, explain _____

2. NAME: _____

ADDRESS: _____

AGENT, (if applicable): _____

TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): _____

SERVICE BY (check one):

☐ ATTORNEY PICK-UP ☐ CONSTABLE

☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____

☐ MAIL ☐ CERTIFIED MAIL

☐ PUBLICATION:

Type of Publication: ☐ COURTHOUSE DOOR, or

☐ NEWSPAPER OF YOUR CHOICE: _____

☐ OTHER, explain _____

ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:

NAME: William C. Herren TEXAS BAR NO./ID NO. 09529500

MAILING ADDRESS: 6363 Woodway, Suite 825, Houston, Texas 77057

PHONE NUMBER: 713 682-8194 FAX NUMBER: 713 682-8197
area code phone number area code fax number

EMAIL ADDRESS: billh@herrenlaw.com

HERREN LAW OFFICE

Attorney at Law

6363 Woodway Dr., Suite 825
Houston, Texas 77057

Tel. (713) 682-8194
billh@herrenlaw.com; Fac. (713) 682-8197

September 27, 2016

Harris County District Clerk's Office

Re: Pamela Brown vs. The Standard Insurance Co.; Cause
No. 201657600 in the 133rd District Court

Gentlemen:

It is my understanding that I have paid the filing fee and all other necessary fees except for the Citation fee which is \$8.00. I requested and request again that this case be served by the Clerk.

I respectfully request if there is anything else I need to do or to pay ... to get this case served ... that some individual in the Clerk's office give me a courtesy call and let me know.

Very truly yours,



William C. Herren

Enclosure:

I have paid \$8.00 by card along with filing this letter.

2016.57600

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☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ **7.15**

Standard Insurance Company
c/o CT Corporation System
1999 Bryan Street Suite 900
Dallas, Texas 75201

SEP 29 2016
 MR. MICHAEL
 CLERK

7015 3430 0000 0851 3136
 7015 3430 0000 0851 3136

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

Important Reminders:


- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;
 - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
 - Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
 - Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

PS Form 3800, April 2015 (Reverse) PSN 7530-02-000-9047

RECORDER'S MEMORANDUM
 This instrument is of poor quality
 at the time of imaging


CONFIRMED FILE DATE: 10/6/2016

COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, on the front if space permits.</p> <p>Article Addressed to:</p> <p>Standard Insurance Company c/o CT Corporation System 1999 Bryan Street Suite 900 Dallas, Texas 75201</p> <p> 9590 9402 1377 5285 4358 62</p> <p>2. Article Number (Transfer from service label) 7015 3430 0000 0851 3136</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Chris Wells Date of Delivery OCT 04 2016</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 2016 57600 133rd</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (30)</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #


9590 9402 1377 5285 4358 62

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAIL PROCESSING ALININ

16 OCT -6 AM 8:06

• Sender: Please print your name, address, and ZIP+4® in this box •

CHRIS DANIEL, DISTRICT CLERK
HARRIS COUNTY, TEXAS
CIVIL INTAKE
P.O. BOX 4651
HOUSTON, TEXAS 77210

RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging

THE STATE OF TEXAS

COUNTY OF HARRIS

Not prepared by the District Clerk.
District Clerk only certifies to the fact the
case is on file in his office. The party and
the pleading named are a true and correct
reflection of the records on file in his office
under the above captioned cause number.

To: Standard Insurance Company, Defendant, through its Registered Agent, CT Corporation System, 1999 Bryan Street, Suite 900, Dallas, Texas 75201.

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

**Court: Harris County District Court, 133rd Judicial District
201 Caroline Street
Houston, Texas 77002.**

**Clerk: Harris County District Courts Clerk
201 Caroline Street
Houston, Texas 77002**

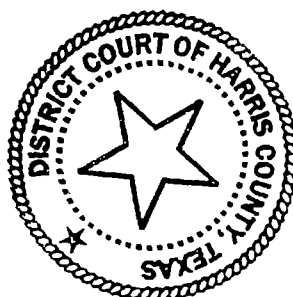
The petition was filed on the 29th day of August, 2016. The case or file number is 201657600. The citation was issued on the 27th day of September, 2016. The plaintiff is Pamela Brown. The defendant is Standard Insurance Company. The attorney for the plaintiff is as follows:

**William C. Herren
6363 Woodway, Suite 825
Houston, Texas 77057
(713) 682-8194**

Issued and given under my hand and seal of said Court of Harris County, Texas, this the 27th day of September, 2016

**Clerk of the District Court
Harris County, Texas**

By Kristal Fallin, Deputy



RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging

THE STATE OF TEXAS

COUNTY OF HARRIS

Not prepared by the District Clerk.
District Clerk only certifies to the fact the case is on file in his office. The party and the pleading named are a true and correct reflection of the records on file in his office under the above captioned cause number.

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Court: Harris County District Court, 133rd Judicial District
201 Caroline Street
Houston, Texas 77002.

Clerk: Harris County District Courts Clerk
201 Caroline Street
Houston, Texas 77002

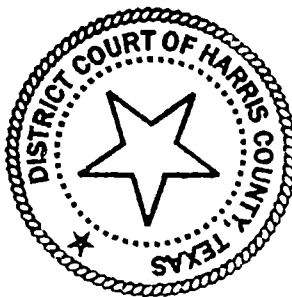
The petition was filed on the 29th day of August, 2016. The case or file number is 201657600. The citation was issued on the 27th day of September, 2016. The plaintiff is Pamela Brown. The defendant is Standard Insurance Company. The attorney for the plaintiff is as follows:

William C. Herren
6363 Woodway, Suite 825
Houston, Texas 77057
(713) 682-8194

Issued and given under my hand and seal of said Court of Harris County, Texas, this the 27th day of September, 2016

Clerk of the District Court
Harris County, Texas

By Kupat Faller, Deputy



CAUSE NO. 2016-57600

PAMELA BROWN,	§	IN THE DISTRICT COURT
	§	
Plaintiff,	§	
	§	
v.	§	OF HARRIS COUNTY, TEXAS
	§	
STANDARD INSURANCE COMPANY,	§	
	§	
Defendant.	§	133 rd JUDICIAL DISTRICT

DEFENDANT'S ORIGINAL ANSWER

Defendant Standard Insurance Company files this original answer to Plaintiff's Original Petition (the "Petition") and states:

ANSWER

General Denial. Subject to such admissions and stipulations as may be made at the time of trial, Defendant denies generally and specially the material allegations contained in the Petition and demands strict proof thereof in accordance with the requirements of the laws of this State.

REQUESTED RELIEF

Prayer. Defendant requests the following relief:

- a. That Plaintiff take nothing by reason of her suit;
- b. That Plaintiff's claims be dismissed with prejudice;
- c. That Defendant recovers its attorneys' fees and costs of court; and
- d. That Defendant have all such other and further relief, at law and in equity, to which Defendant may show itself justly entitled.

Respectfully submitted,

By: /s/ Amber D. Reece

Ryan K. McComber
State Bar No. 24041428
ryan.mccomber@figdav.com
Amber D. Reece
State Bar No. 24079892
amber.reece@figdav.com

FIGARI + DAVENPORT, LLP

901 Main Street, Suite 3400
Dallas, Texas 75202
(214) 939-2000 – Telephone
(214) 939-2090 – Facsimile

ATTORNEYS FOR DEFENDANT
STANDARD INSURANCE COMPANY

CERTIFICATE OF SERVICE

I hereby certify that on October 31, 2016 a true and correct copy of this document has been filed electronically via the efile.txcourts.gov system and subsequently all counsel in this matter deemed to accept service electronically will be notified via the efile.txcourts.gov system and all others will be notified via certified mail, return receipt requested.

/s/ Amber D. Reece

Amber D. Reece